THE ART OF INTERRUPTION

“My brother had polio.” This was the response I received from my patient while eliciting an H&P a few months ago, when I asked whether her mom or dad had a history of heart disease. Ms. SJ then promptly spoke in great detail not only about the history of polio vaccine administration initiatives in her home town, but she also went into painstaking detail about the symptoms that led to the eventual diagnosis and demise of her brother. Little did I know, this was only the beginning of what I came to recount of an otherwise rich history, which included many pertinent points important for diagnosis and management of her complex case. At one point, I appeared to unearth suppressed symptoms of depression when I realized she was telling me things I strongly believe she had not revealed to her other treating physicians, and possibly, herself. “Just great,” I thought when Ms. SJ and her present adult daughter began to cry, “only a medical student and I already have a way with upsetting my patients.”

I wasn’t employing any advanced methods in psychoanalysis, but merely following standard protocols as far as asking personal questions in a sensitive and professional manner as we had been taught. But somehow, Ms. SJ really trusted me. I had explained to her at the beginning of our interview that the purpose of this exercise was for me to practice efficiently taking a complete history and learning how to extract relevant information to aid in our proposed course of action. She must have understood that as a student I would have no real role in her care. Yet, she chose to make me privy to very private information. While keeping in mind that our far from efficient interview at her hospital bed lasted well over an hour, I speculated how the primary physician in charge of her care conducted their history. At what moment would they have interrupted Ms. SJ?

It is no secret that primary care and hospital physicians have become increasingly frustrated with the need to see a higher number of patients per day as a result of evolving healthcare policies in order to maintain their intended revenue. It shouldn’t be surprising then that 42% of primary care physicians report not having sufficient time with their patients. According to a recent report, however, US physicians are spending an average of 16-18 minutes per visit, which if anything is over the initially scheduled 15 minutes, and interestingly this was found to vary with respect to payer source. A separate study went so far as to determine that while they found the mean visit duration had actually increased from 18.0 to 20.8 minutes, they did not find sufficient evidence to conclude that longer visits were associated with better care. Perhaps then we should adopt the German model, which reports an average communication time of 4 minutes and 17 seconds per day per patient and 20 seconds per day per patient’s relatives, although it should be considered whether it is actually the Deutsch language that allows more opportunity for conversation interruption.

Even more time consuming than clinic visits, are hospital admission interviews, lasting by one estimate an average of 45 minutes. Furthermore, socially disadvantaged patients are more likely to have additional contributing factors in their background that would necessitate longer visits to accommodate for management of more frequently complex cases. But at what point does it cease to be realistic to be able to obtain a complete history for every patient, while still managing to fulfill all the other obligations left to the physician? It appears thorough documentation is generally not all that highly regarded by many physicians in the first place, as it has been argued that efforts exhausted in this process take away from providing more paramount care. I am left to believe that physicians have adapted to these time constraints by obtaining pragmatically focused histories. Perhaps some topics are avoided altogether, or what is more probable, perhaps physicians are opting for brief questions with clear cut answers in lieu of investing an indefinite amount of time to establish rapport. In either case, patients with delicate issues underlying their presentations may misinterpret such methods as uncaring and fail to provide us with what may be essential information that is central to their diagnosis. An incomplete history will consequently send us to order a battery of labs and tests until we find the secret they did not wish to disclose. Then we must ask, if we expect them to tell. We must guide our patients throughout our numerous inquiries, finding a way to keep them on track, while building their trust. It must be akin to an odd form of courtship that I imagine each physician perfects in their own way; a matter of knowing what to say and when to say it – or rather ask it. I can only wonder if I will ever master this elusive skill; this art of interruption.

REFERENCES


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REFLECTIONS OF A FOURTH YEAR MEDICAL STUDENT

As an off-cycle fourth year medical student at Paul L. Foster School of Medicine here in El Paso, it was definitely an unusual feeling sitting among the third year medical students during orientation for the Pediatrics/Ob-Gyn rotations. As I glanced around the room at the eager, yet nervous MS3’s, I remembered being in their position not so long ago. At that moment it hit me, my career at PLFSOM was near complete. I could not help but to smile.

Although these past three years were the most difficult years of my life, they were also the most memorable and exciting. One of the hardest decisions I had to make during my medical school career, however, was deciding to postpone my USMLE Step 1 exam, thus becoming an off-cycle student. I still remember that summer as if it were only a few weeks ago. Soon after I had returned home to Dallas to begin studying for Step 1, my family was hit with a hardship. One of my family members, who I am very attached to, was battling a chronic illness, and I spent much of my free time with him, helping him to cope with this devastating event. I made the decision to delay my exam and spend my time with family and be there to support them through this tough time.

Currently, I am finishing up my last third year rotations, Ob-Gyn and Pediatrics, and will be starting my fourth year rotations later this fall. Being an off-cycle student has definitely been more challenging than I had anticipated. The hardest part has been trying to balance numerous things and managing my time efficiently. For example, having a demanding rotation schedule makes it difficult to equally spend time studying for my Ob-Gyn and Pediatrics rotations and shelf exams, Step 2 Clinical Knowledge and Step 2 Clinical Science examinations, along with working on my application for residency. I have also had to spend time constructing my personal statement and curriculum vitae, both of which are important for the residency application process. However, using time management skills that I have acquired during my years of undergraduate education and medical school training has really been able to aid me in prioritizing my tasks and using my time efficiently.

This last year of my medical school career is an exciting time as I get ready to apply to residency programs and finish up my medical school education. I have yet to face many challenges such as completing my application, taking my Step 2 CK and CS exams, finishing up my Ob-Gyn and Pediatrics rotations as well as my fourth year rotations, and embarking on residency interviews. Nevertheless, I am beginning to see the light at the end of the tunnel and though this is a stressful time, I still feel overjoyed at the thought of beginning a new chapter in my life. Attending a medical school near the border of Mexico has allowed me to emerge into a different culture, and has given me the opportunity to see so many interesting cases and interact with so many unique patients and their families. My medical school training at the Paul L. Foster School of Medicine has indeed been an unforgettable experience for me, one that I will always cherish.

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